INSTRUCTIONS FOR REQUEST FOR PAYMENT FORM

LINE

A   Enter name, address, including zip code, and telephone number of the City/Parish receiving funds.

B   Enter the date this request is being submitted.

C   Enter the Contract Number, Fiscal Year (FY) & Grant Type (i.e. FY 2005-ED) and the name of LCDBG Representative assigned to your grant.

D   Enter number of request. Requests for Payment (RFP) are numbered sequentially. Your first request is #1, your second is #2, etc. If, for some reason, a request is returned to you for correction and resubmission, the resubmission would have the same number with an A after it, 2A.

E   Enter the most recent date of delivery of invoices for each State fiscal year covered in the invoices for this RFP. Each invoice must have the date of delivery or, in the case of services rendered, a beginning and ending date. Any services that cover 2 fiscal years must be in separate invoices or the amount allocated to each fiscal year must be indicated. Ex. FY1 May 5, 2005 to June 30, 2005 $2,040, FY2 July 1, 2005 to August 5, 2005 $1,920. Enter only the dollar amounts in E. If 2 fiscal years are used, break out the amounts in each FY column if more than 1 activity is used under #2.

1A   Enter total amount of LCDBG funds you have received as of the date of this request.

1B   Enter any program income you have received as of the date of this request.

1C   Add lines 1A and 1B together to get line 1C.

1D   Enter total LCDBG funds you have disbursed as of the date of this request.

1E   Subtract line 1D from line 1C to get line 1E, LCDBG cash and miscellaneous receipts on hand at the time of this request.

1F   Enter the amount of funds you have previously requested, but have not received at the time of this request.

2A-2I   Enter the amount requested by activity under the appropriate FY. If only one FY is used enter in FY1.

2J   Add lines 2A-2I to get line 2J, Total amount requested, in each column.

3A-3B   Have two of the persons authorized to sign the Request for Payment on lines 3-6 of the authorized signature card sign and date the Certification.

4   Leave blank.